

10/582138

AP20 Rec'd PCT/PTO 08 JUN 2006

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR A TORQUE OR SHEAR FORCE TRANSMITTER FOR THE DETERMINATION OF FIBRE CONCENTRATION OR VISCOSITY IN PULP SUSPENSIONS AND METHOD FOR RESETTING OF THE TRANSMITTER SHAFT IN A TORQUE OR SHEAR FORCE TRANSMITTER
Attorney Docket Number::	1506-1091
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name::  
Family Name:: LUNDBERG  
Name Suffix::  
City of Residence:: ÅMÅL  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing BRÅNASMEDSGATAN 5  
Address::  
City of Mailing Address:: ÅMÅL  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-662 33

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JOAKIM  
Middle Name::  
Family Name:: KULLANDER  
Name Suffix::  
City of Residence:: SÄFFLE  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KALVHAGEN, ENEBACKEN  
Address::  
City of Mailing Address:: SÄFFLE  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-661 91

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2004/001812	12/6/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0303303-2	12/9/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::